

Name in Full

Certificate of Death

Mary / Bacon

Somerset

Town

County

Died at

Princess Anne

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

7

25

Age

12

Md

Child

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Atherosclerosis

How long sick

10 years

Death

Immediate

Debility

~~Accident, Suicide, Homicide~~

Reported by

Chas. W. Dainwright

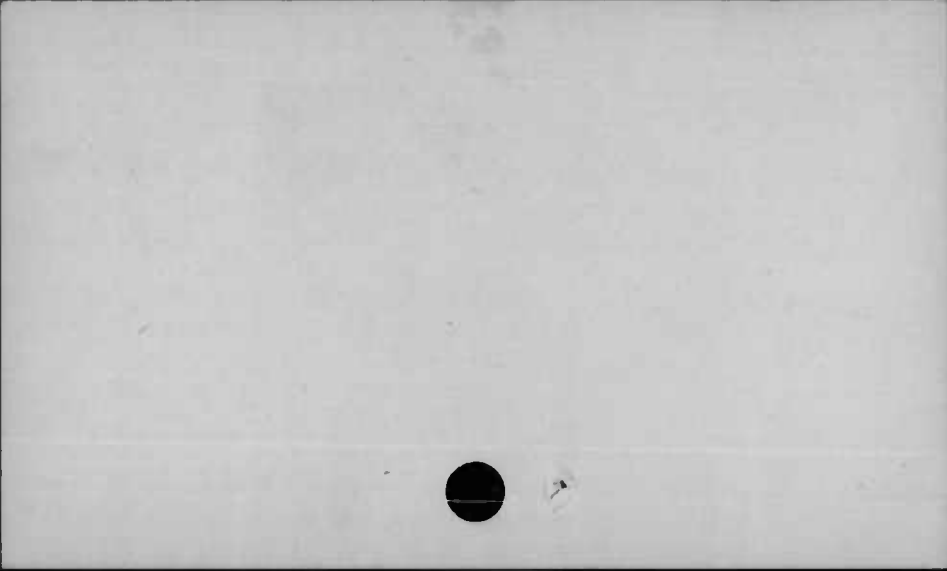
Address

Princess Anne

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806



Name
in
Full

Addie C. Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

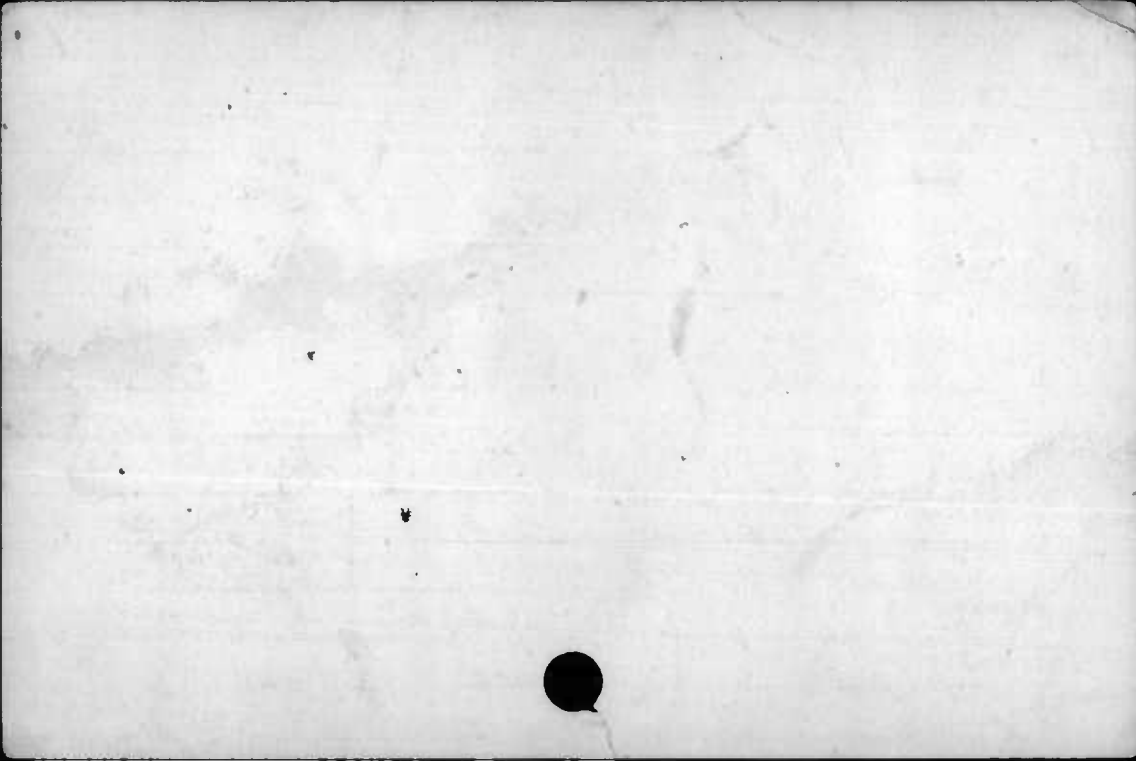
Died at		Cottage Grove		Somerset Co		MARYLAND	
Date of death	1908	Month	Feb	Day	25	Age	5-1
Sex	female		Color or Race	Colored		Birth-place	Vicksburg Miss
Occupation	Teacher		Where Residing if not at place of death		—		
Married, Single or Widowed	Married		Name of Wife or Husband	Littleton W. B. Ballard			
Father's Name	Hauk Briggs		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving information	Littleton W. B. Ballard		How related to deceased	Husband			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	3 yrs.
Immediate	A. T. Smith	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Charles F. Smith
		Address	Princeton, Miss
Accident or Suicide?			



Name
in
Full

Hester Bayner

CERTIFICATE OF DEATH

Died at *Shuttleton* Town*Somerset* County

MARYLAND

Date
of death *1908*Month
*2*Day
3

Age

Years
*60*Months
*—*Days
*—*Sex *Female*Color or
Race *Black*Birth-
place *Somerset Co.*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Suttleton Bayner*Father's
Name*Harry Hayward*Father's
Birthplace*Somerset Co.*Mother's
Maiden Name*Don't Know*Mother's
Birthplace*Don't Know*Name of person giving
Information*Sit Bayner*How related
to deceased*Son*

CAUSES OF DEATH

27

Primary

Lushercularia

How long

Don't Know!

Immediate

General Expansion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. L. P. D. Allen*

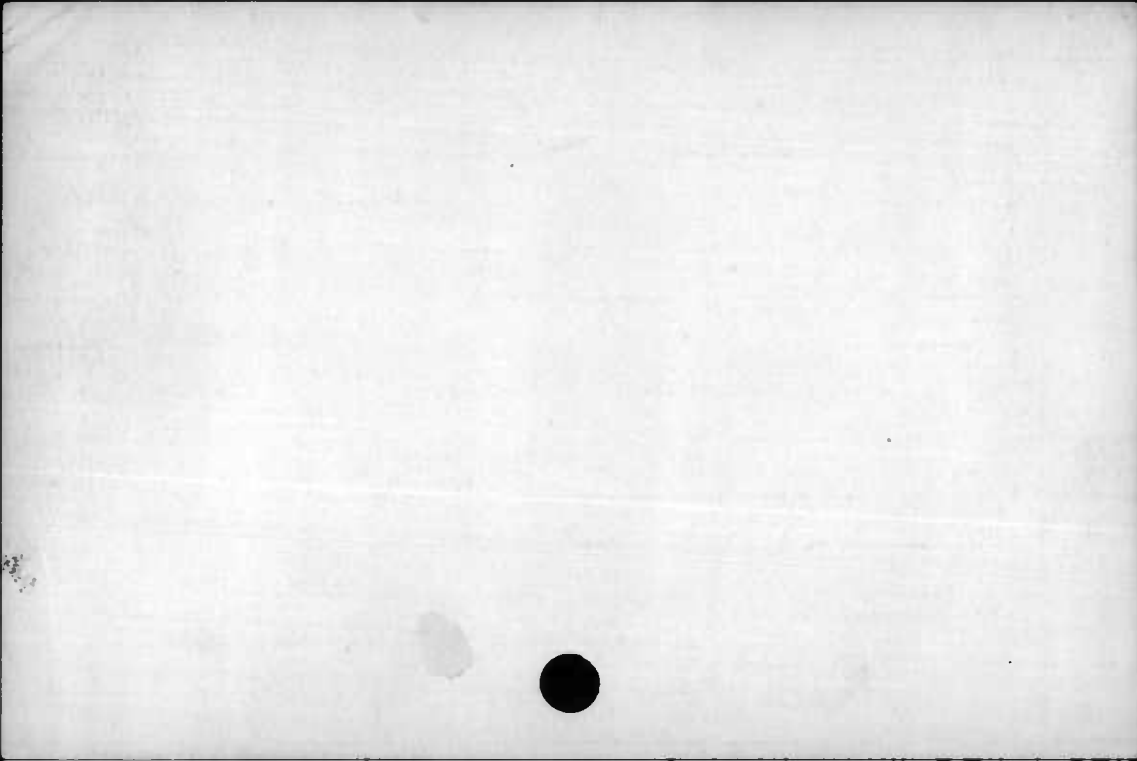
Address

*Marion
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

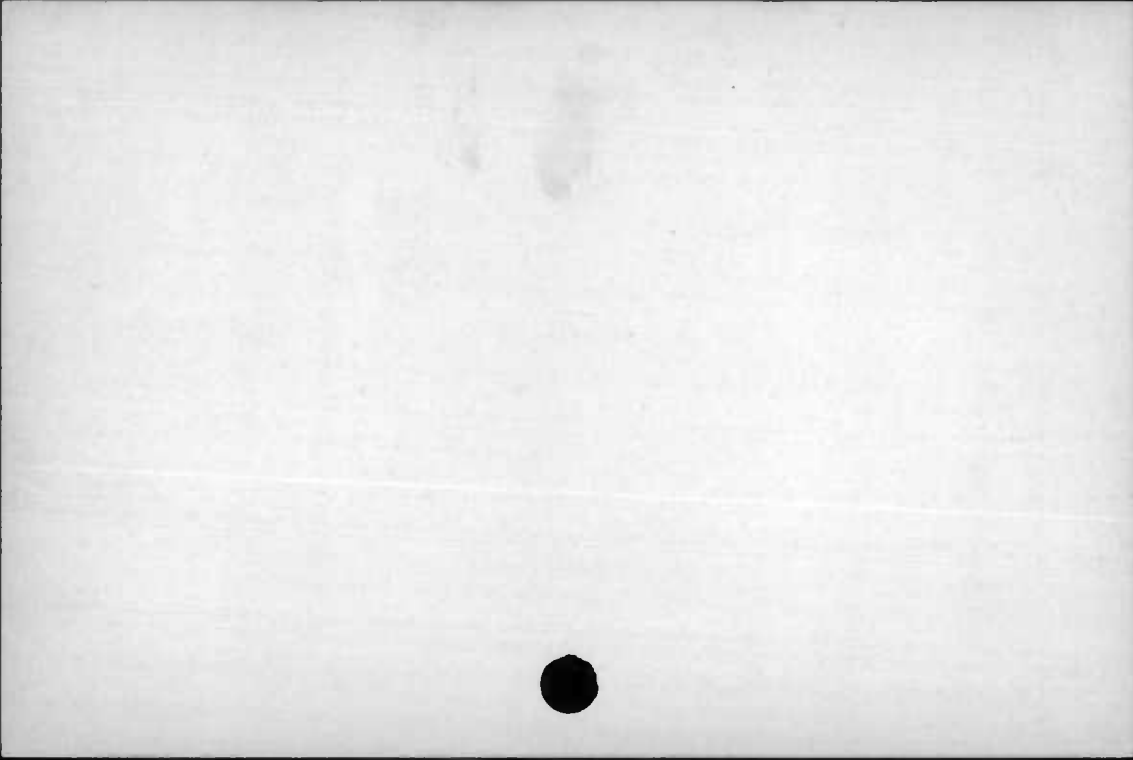
Died at <i>Rhodes Point</i> <small>Town</small>		<i>Bradshaw</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>27</i>		Age <i>27</i> <small>Years</small>		Months <i>27</i> <small>Days</small>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Rhodes Point</i>	
Occupation <i>~~~~~</i>		Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>~~~~~</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Willie A Bradshaw</i>		Father's Birthplace <i>Smith's Island</i>			
Mother's Maiden Name <i>Eva Evans</i>		Mother's Birthplace <i>Smith's Island</i>			
Name of person giving information <i>Eva Bradshaw</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho pneumonia</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Fawcett,</i>
	Address <i>Cowell,</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

Roger S. Dennis.

CERTIFICATE OF DEATH

MARYLAND

Died *Mar Marion* TownCounty *Somerset*Date
of death *1908*Month
*Feb*Day
*18*Age
5 yrs

Months

Days

Sex
*Boy*Color or
Race*Black*Birth-
place*Somerset Co*

Occupation

*Child*Where Residing if not
at place of deathMarried, Single
or Widowed*Child*Name of Wife or
Husband*Child*Father's
Name*George Dennis*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Sallie Downings*Mother's
Birthplace*Accomac Co Va*Name of person giving
In formation*Sonie Taylor*How related
to deceased*Uncle*

CAUSES OF DEATH

93

Primary

Pneumonia

How long

7 or 8 days

Immediate

General Exhaustion

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. L. A. B. Allen,*

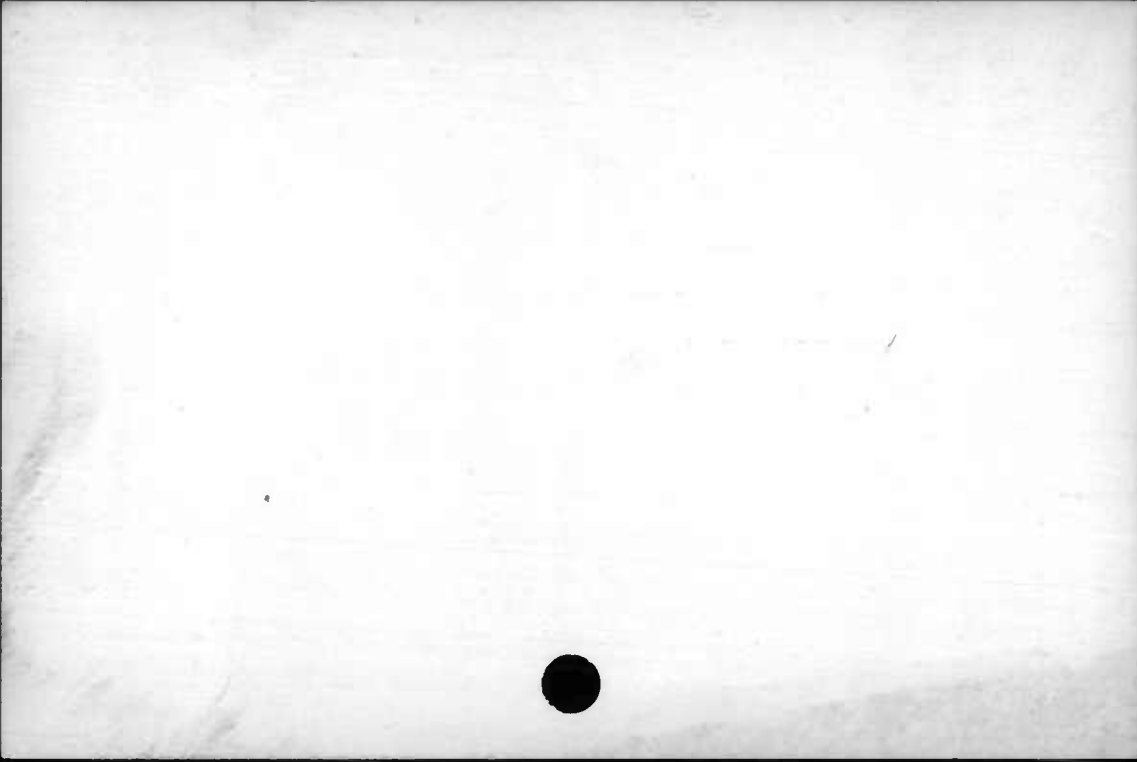
Address

*Marion,**Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Not named Hayden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

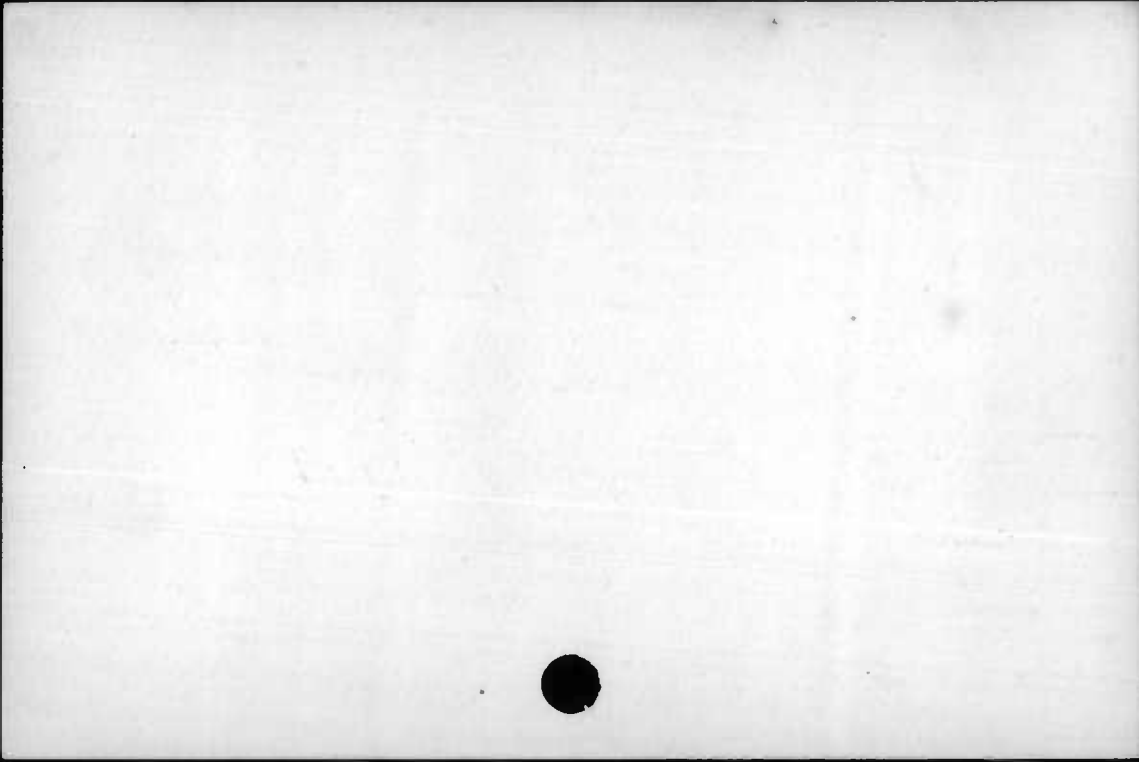
Died at <i>Cokesbury</i> ^{Town}		<i>Sumner</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>July</i> ^{Month}	<i>9</i> ^{Day}	<i>16</i> ^{Years}	<i>16</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Cokesbury</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Wood F. Hayden</i>			Father's Birthplace	<i>Sumner Co</i>
Mother's Maiden Name	<i>Bertie William Gundy</i>			Mother's Birthplace	<i>Sumner Co</i>
Name of person giving information	<i>Bertie T. Gundy</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

147

PHYSICIAN
OR CORONER

Primary	<i>Pyogenic infection</i>	How long	<i>Five days</i>
Immediate	<i>Joint suppuration</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	<i>R. Leet Hall</i>		
	<i>Pennock City, Tenn</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

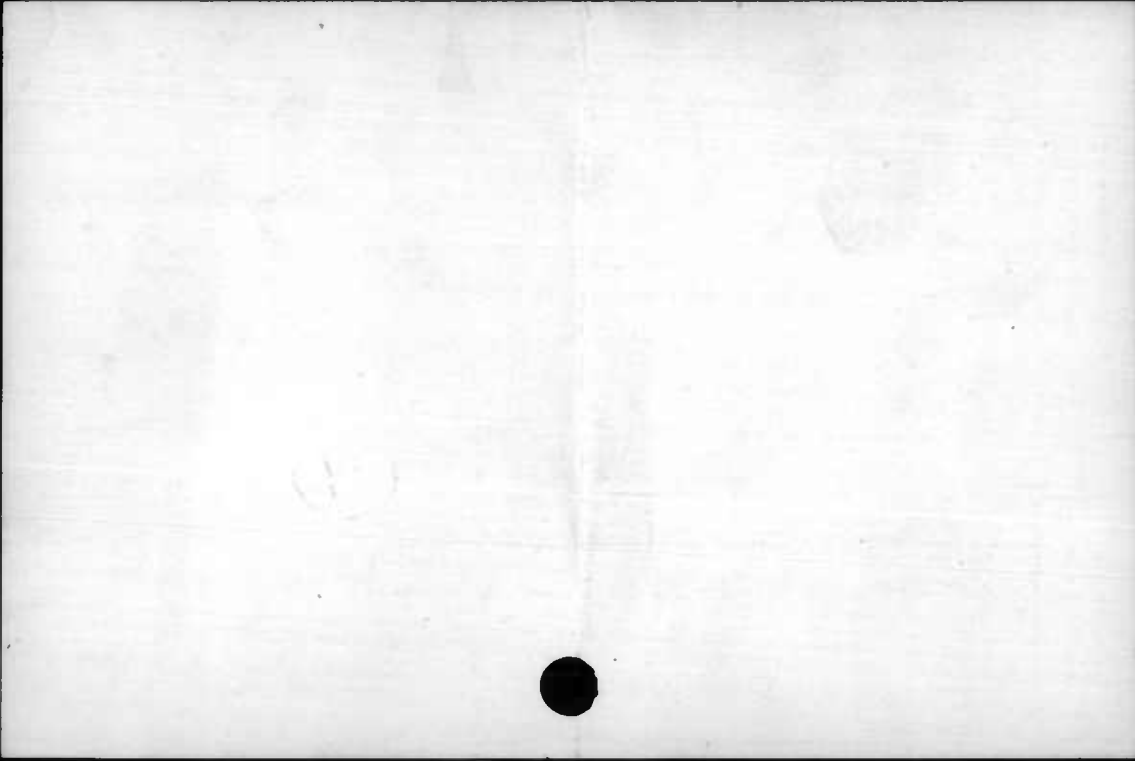
Died at <i>Princes Ann Dist</i>		Town <i>Ellis</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>P. Ann</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Charles Ellis</i>				Father's Birthplace <i>Worcester Co.</i>			
Mother's Maiden Name <i>Maud Roberts</i>				Mother's Birthplace <i>N. Carolina</i>			
Name of person giving information <i>Geo. J. Pope</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Croup</i>	How long	<i>1 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo R. Marsh Sub Reg.</i>	
		Address <i>Princes Ann Md.</i>	
Accident or Suicide?		<i>R.F.D. #2</i>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

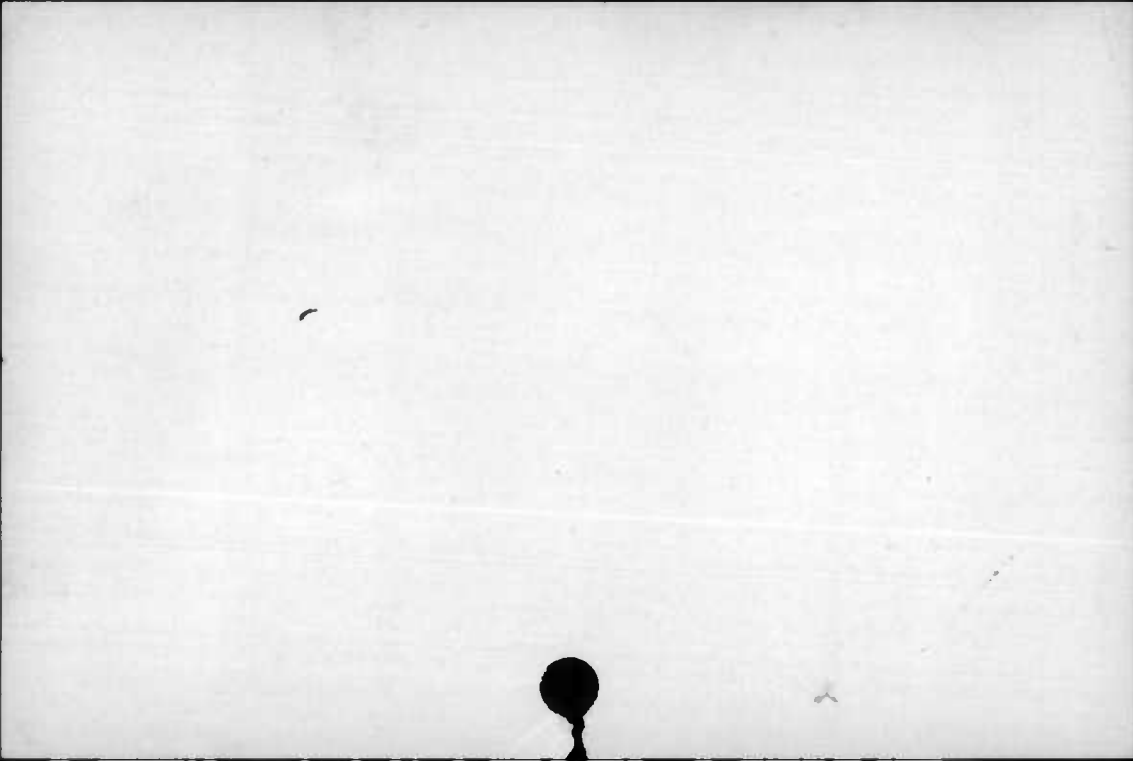
Name *Mr H. Ford Somerset*

Died at <i>Crisfield</i> <small>Town</small>		<i>"</i> <small>County</small>		MARYLAND	
Date of death <i>1908 July</i>	Month <i>July</i>	Day <i>"</i>	Age <i>65</i>	Years <i>"</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Md</i>			
Occupation <i>Oysterman</i>	Where Residing if not at place of death				
Married, <i>Yes</i>	Name of Wife or Husband <i>Mary Ford</i>				
Father's Name <i>Mr H. Ford</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Anna</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Harry Ford</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Inter cerebral</i>	How long <i>12 mos</i>
Immediate <i>La Grippe</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Somers</i>
	Address <i>Crisfield Md</i>
Accident or Suicide? <i>No</i>	

27



Name
in
Full

Christopher Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

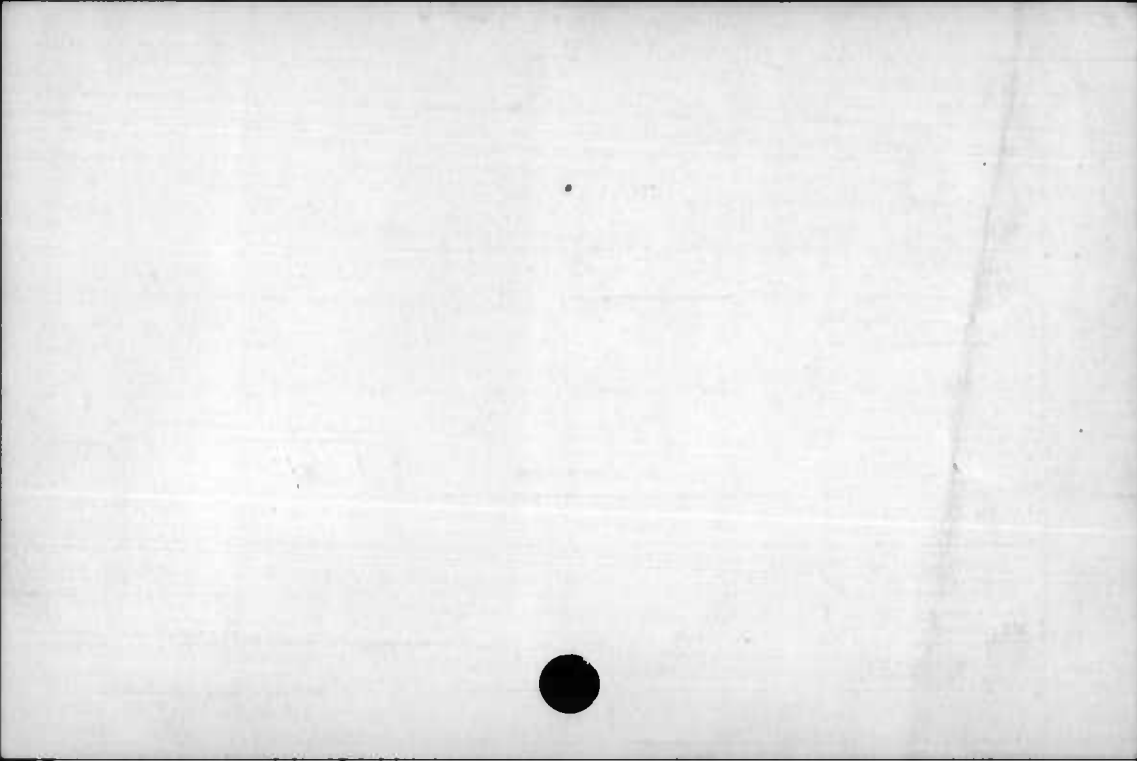
Died at <u>Shilltown</u>		Town <u>Somerset</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>1</u>	Age <u>21</u>	Years <u>21</u>	Months <u>7</u>	Days	
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Somerset Co</u>				
Occupation <u>Farmer</u>		Where Residing if not at place of death					
Married Single or Widowed		Name of Wife or Husband					
Father's Name <u>Jos Gale</u>		Father's Birthplace <u>Somerset</u>					
Mother's Maiden Name <u>Sarah Boyer</u>		Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Sit Boyer</u>		How related to deceased <u>Uncle</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 mo</u>
Immediate <u>General Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. G. B. Allen</u>
	Address <u>Groomy, Ind.</u>
Accident or Suicide?	



Name
in
Full

Sarah G. Gillis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

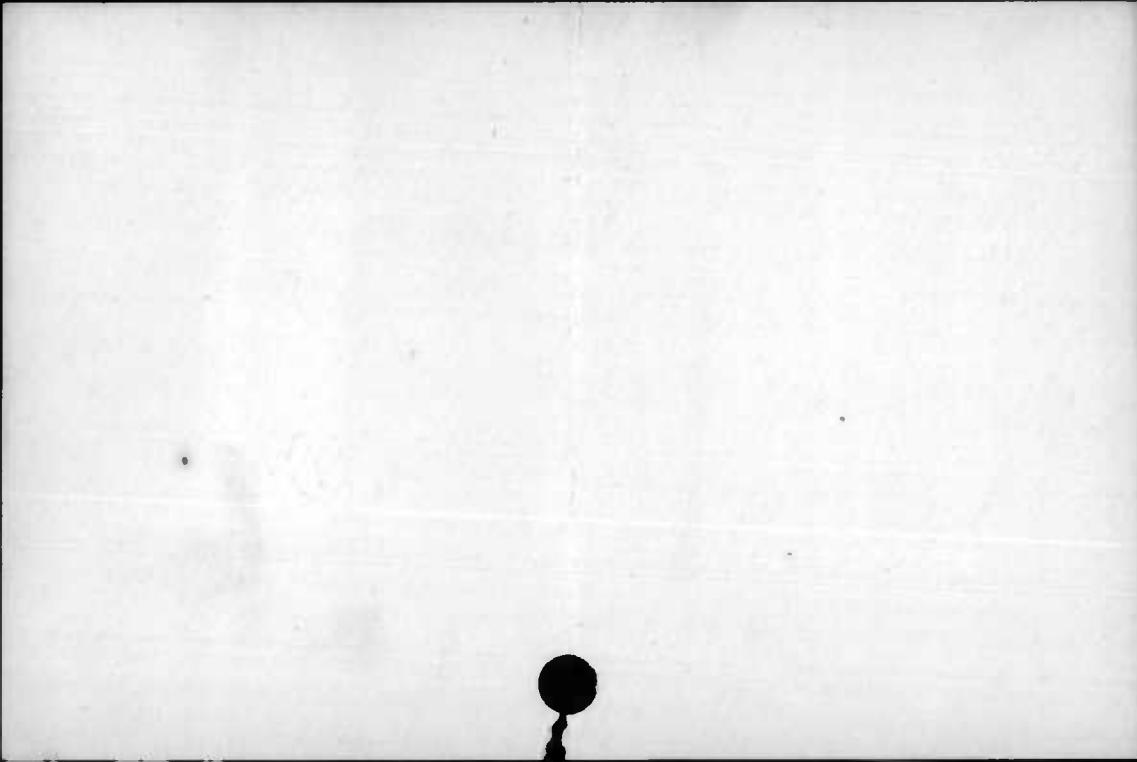
Died at		Town <i>Prismont</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1908	Month	<i>February</i>	Day	<i>18</i>	Age	<i>57</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Months <i>no</i>		Days <i>no</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at her home</i>		Birth-place <i>Somerset County</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>J. F. Gillis</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>J. F. Gillis</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long	<i>three months</i>
Immediate	<i>Heart Trouble</i>	How long	<i>three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. W. Landon</i>	
<i>as far as I can find out</i>		Address <i>Landonville, Md</i>	
Accident or Suicide?		<i>Sub. Reg.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George H. Horney</i>		Town <i>Green Hill</i>		County <i>Sumner</i>		MARYLAND	
Died at <i>Green Hill</i>		Month <i>2</i>		Day <i>8</i>		Age <i>44</i>	
Date of death <i>1908</i>		Months <i>✓</i>		Days <i>✓</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rose Horney</i>					
Father's Name <i>Samuel H. Horney</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Hazlett Burton</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>John G. Horney</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

H
PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>15 M</i>
Immediate <i>Exhaustion</i>	How long <i>3 M</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Milam</i>
	Address <i>Greensboro City</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Selby Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

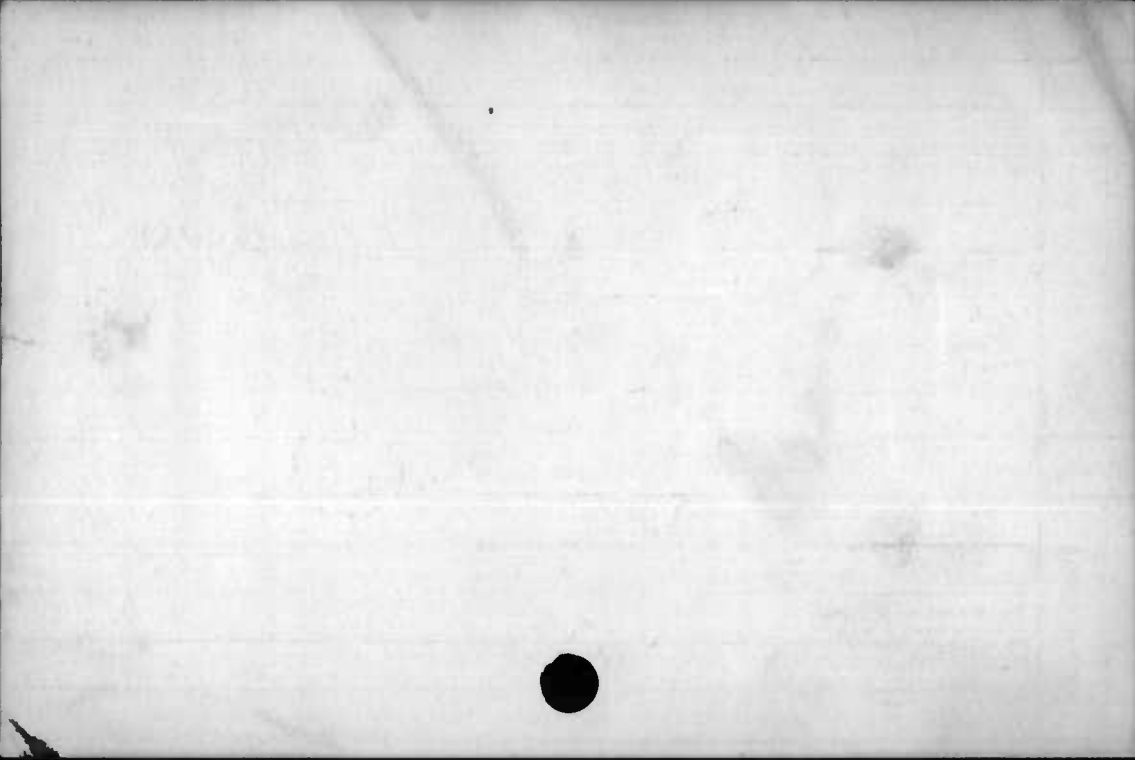
Died at <u>Seaford</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>22</u>	Age <u>69</u>	Months <u>9</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Somerset</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Siggie Horsey</u>			
Father's Name <u>Jacob Horsey</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lusie Horsey</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Aron Whiting</u>			How related to deceased <u>no relation</u>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>3 day</u>
Immediate <u>Paralysis respiratory center</u>	How long <u>6 hr</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Allen</u>
	Address <u>Seaford</u>
Accident or Suicide?	<u>no</u>



Name
in
Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Wenona* ^{County} *Somerset* ^{State} *MARYLAND*

Date of death 190*8* ^{Month} *2* ^{Day} *29* ^{Years} *14* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Black* Birth-place *Wenona*

Occupation *None* Where Residing if not at place of death *Wenona*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Lewis Jones* Father's Birthplace *Wenona*

Mother's Maiden Name *Fannie Hughes* Mother's Birthplace *Deal Island*

Name of person giving information *Lewis Jones* How related to deceased *Father*

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 yrs.*

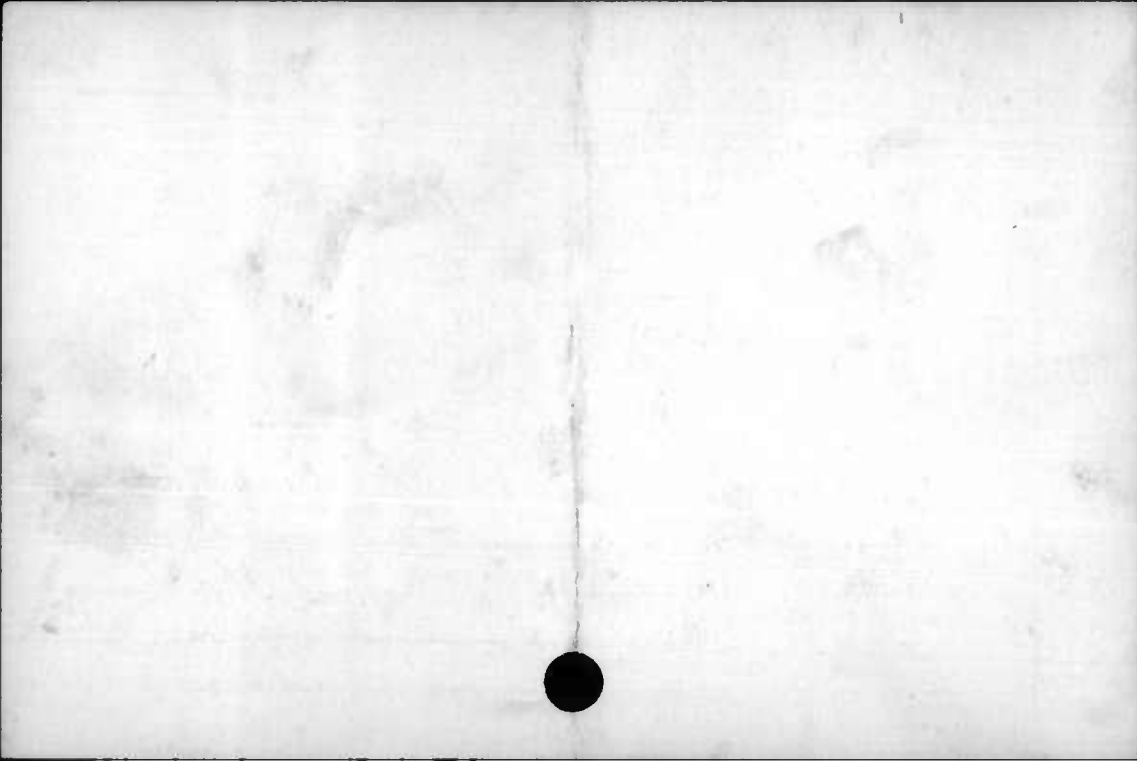
Immediate *Convulsions* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. S. Schwaab*

Address *Deal Island*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

B. Frank Hansford

Town

County

MARYLAND

Died at *New Market*

Somerset

Date
of death 1908

Month

2

Day

24

Age

Years

80

Months

2

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Matilda Fidler

Father's
Name

Burgess F. Hansford

Father's
Birthplace

Ind

Mother's
Maiden Name

Susan Fidler

Mother's
Birthplace

Ind

Name of person giving
In formation

Wm F Hansford

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Heart Disease

How long

Oney for hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. J. Smith (not in attendance)

Address

Princess Anne Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Chiddy not named. McDaniel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cherry		County Somerset		MARYLAND	
	Date of death	1908	Month 2	Day 8	Age r	Years 2	Months r
	Sex	Male		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Mr. S. McDaniel				Father's Birthplace	Md.
	Mother's Maiden Name	Mrs. M. Bailey				Mother's Birthplace	Md.
Name of person giving information	Mr. S. McDaniel				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">176</div>							
PHYSICIAN OR CORONER	Primary	Suffered in bed.					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician
	Address	Forsythe City					
Accident or Suicide?							



Name
in
Full

Agnes Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Feb	21	Age 73	6	months	
Sex	female	Color or Race	Colored		Birth-place	Virginia	
Occupation	Laborer			Where Residing if not at place of death			
Married, Single				Name of Wife or Husband			
Father's Name				John Morris			
Mother's Maiden Name				Bridget Johnson			
Name of person giving information				Lizzie Taylor			
Father's Birthplace				I don't know			
Mother's Birthplace				Virginia			
How related to deceased				Daughter			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

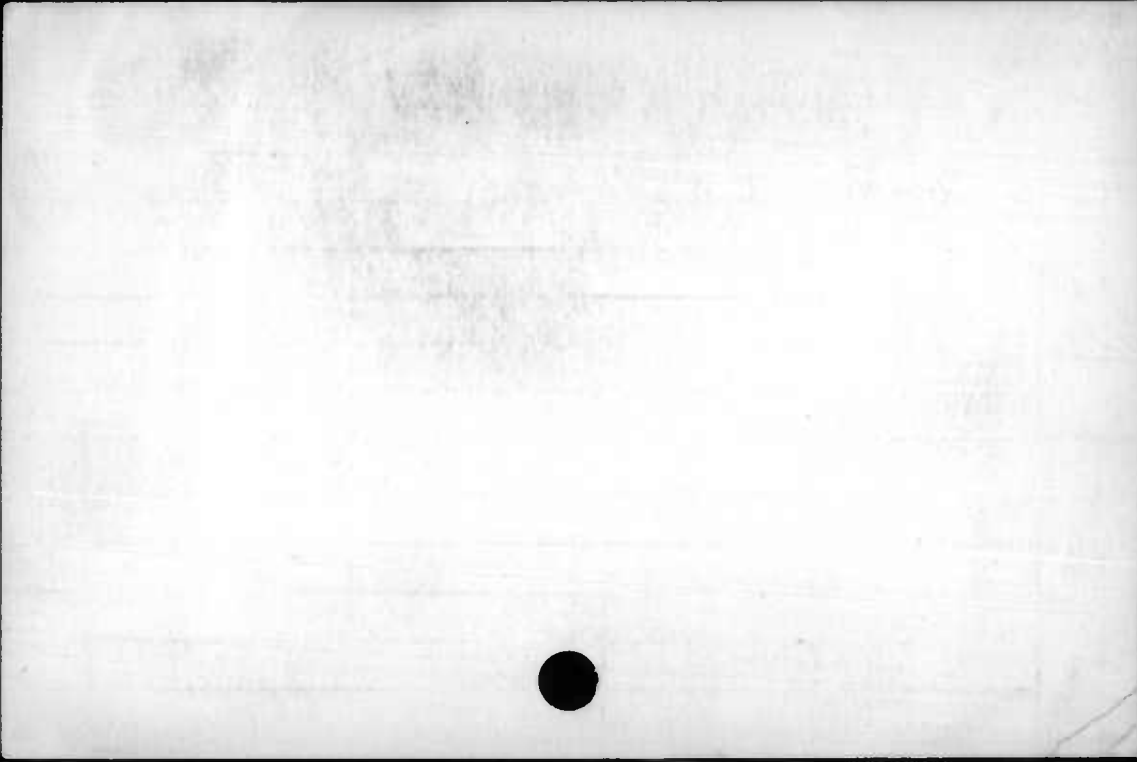
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Lucy Nutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princetons Avenue</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>15</i>	Years <i>18</i>	Months <i>✓</i> Days <i>✓</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Samuel Nutter</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Julia Tilghman</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>George Tilghman</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Acute miliary Tuberculosis</i>	How long <i>6 weeks</i>
Immediate <i>Asthma</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Leaford M.D.</i>
	Address <i>Princetons Avenue</i>
Accident or Suicide? <i>No</i>	<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

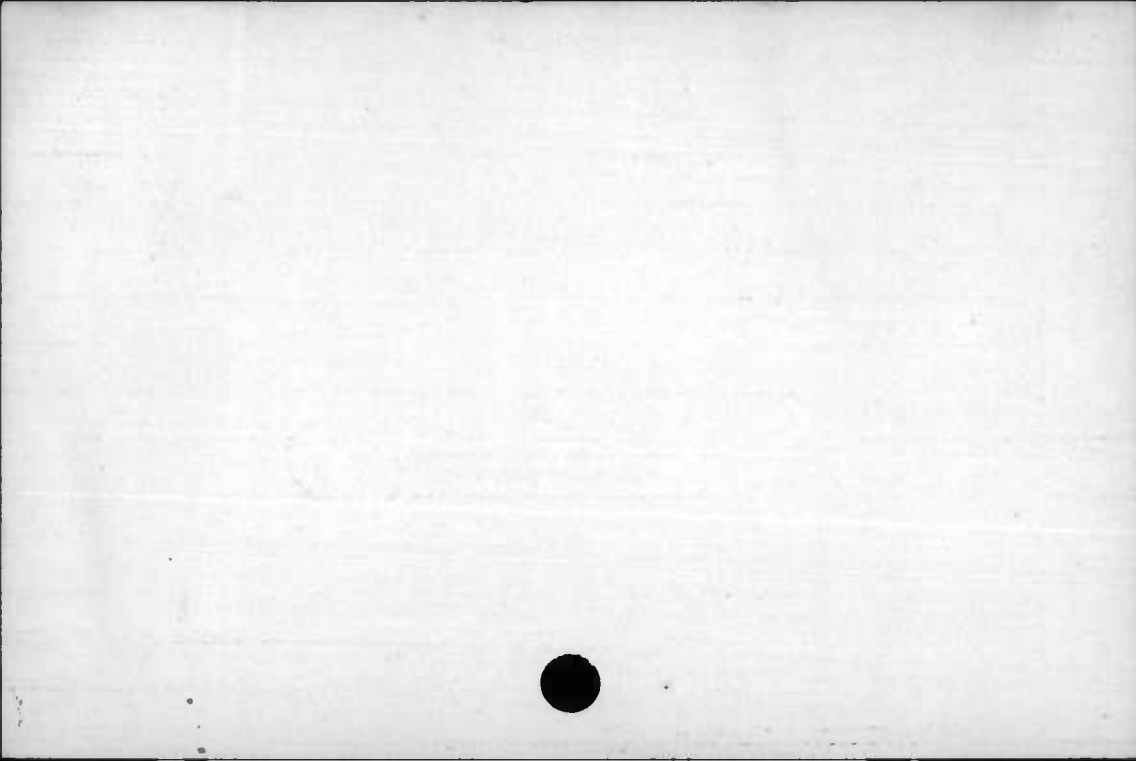
Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>2</i> ^{Day} <i>9</i>		Age <i>50</i> ^{Years}		^{Months} ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Scotland</i>			
Occupation <i>Crabber & Copterman</i>		Where Residing if not place of death <i>On his boat</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>No Wife</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>		How related to deceased <i>None</i>			
Name of person giving information <i>G. T. Simpson</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Chankored</i>	How long <i>2 Weeks</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. T. Simpson</i>
	Address <i>Crisfield Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mary R. Parsons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>		Town		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>39</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md.</i>		Months <i>-</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George Parsons</i>					
Father's Name <i>Henry Brooks</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Wm. Miles</i>		How related to deceased <i>son in law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>About 6 mos.</i>	
Immediate <i>Botheria</i>		How long <i>Progressive</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. F. ... md.</i>	
		Address <i>Princess Anne, md.</i>	
Accident or Suicide? <i>-</i>			

111

Name
in
Full

Rebecca Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

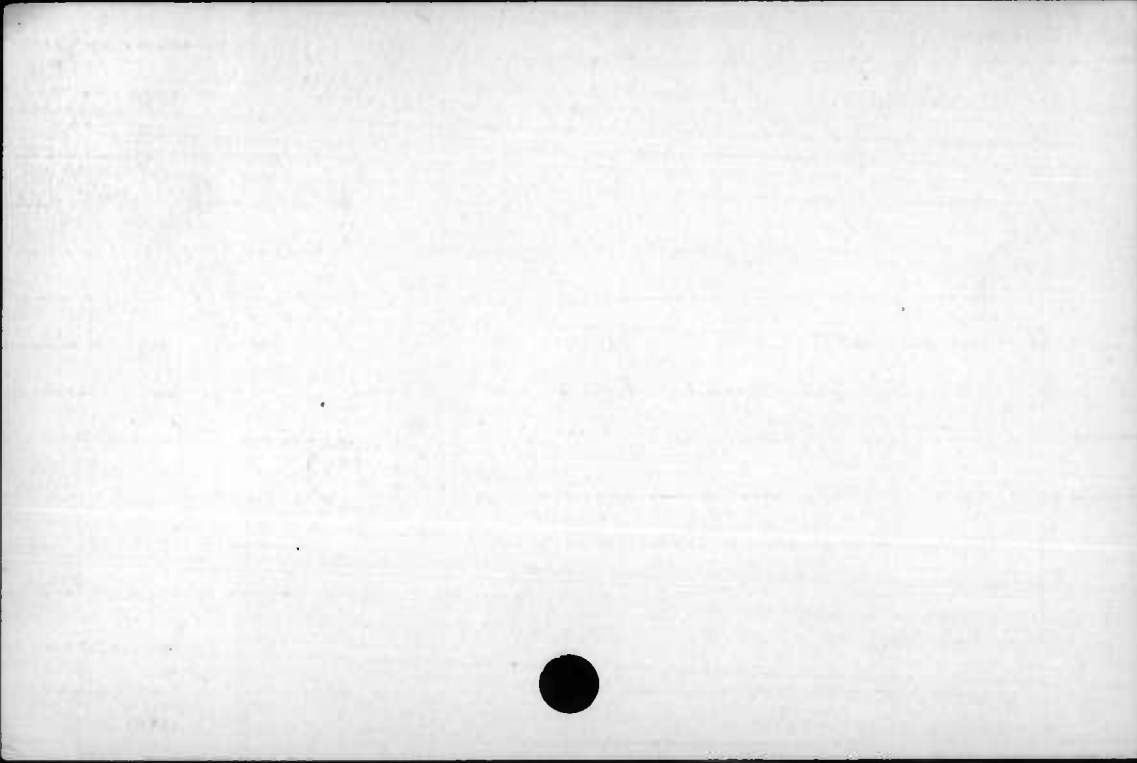
Died at <u>Andover</u> Town			County <u>Somerset</u>			MARYLAND		
Date of death <u>1908</u>		Month <u>Feb</u>	Day <u>5</u>	Age <u>80</u>	Years	Months	Days	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>md.</u>				
Occupation <u>Housework</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Unknown</u>						
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>						
Name of person giving information <u>Geo. T. Ballard</u>		How related to deceased <u>None.</u>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia following La Grippe</u>	How long	<u>About 2 weeks</u>
Immediate	<u>Aspiration</u>	How long	<u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. T. Fisher, M.D.</u>	
		Address <u>Princess Anne, Md.</u>	
Accident or Suicide?			



Name
in
Full

Levi Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

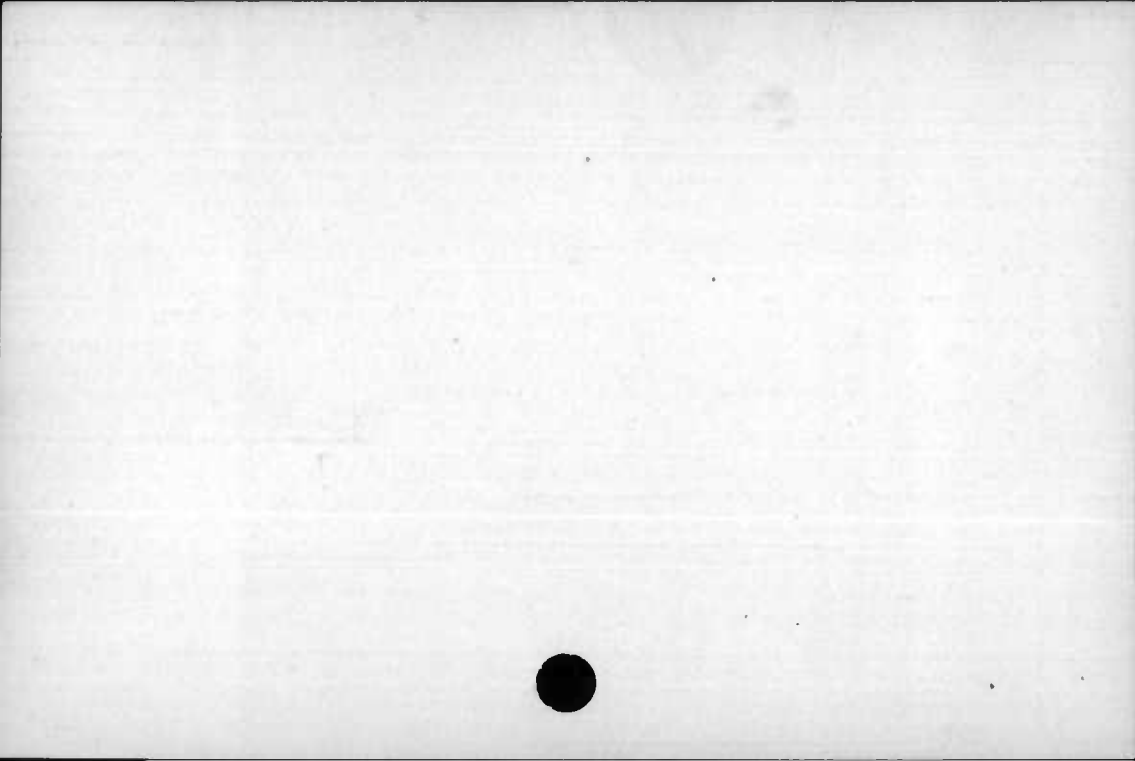
Died at <i>Levi Purnell</i>		Town <i>Pine</i>		County <i>Summit</i>		MARYLAND	
Date of death 1908		Month <i>Feb</i>		Day <i>26</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		Months	
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lebra Purnell</i>					
Father's Name <i>George Purnell</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Clarence Doane</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Probably Cardiac Disease</i>	How long <i>Unknown</i>
Immediate <i>Sudden Syncope</i>	How long <i>About 10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clarence Doane</i>
	Address <i>Pine, Md.</i>
Accident or Suicide?	



Name
in
Full

N Norman Reese

CERTIFICATE OF DEATH

Died at

Brisfield

County

Somerset

MARYLAND

Date

of death 1908

Month

Feb

Day

13

Age

Years

28

Months

8

Days

13

Sex

Male

Color or
Race

White

Birth-
place

Brisfield Md

Occupation

Clerk in P. O.

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

W. M. R. Reese

Father's
Birthplace

Cambridge Md

Mother's
Maiden Name

Mary Elizabeth Livingston

Mother's
Birthplace

Dorchester Md

Name of person giving
information

Mrs Reese

How related
to deceased

Mother

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

About 8 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. F. Heall

Address

Brisfield Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Arnold James Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death	1908	Month	Feb.	Day	14	Years	Age 81
Sex	Male		Color or Race	Black		Birthplace	Lawsonia Md
Occupation	Truck Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Margaret Sterling			
Father's Name	Jacob Sterling					Father's Birthplace	Lawsonia Md
Mother's Maiden Name	Willie Sterling					Mother's Birthplace	Md
Name of person giving information	Jacob Sterling					How related to deceased	Brother

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Lazurip	How long	10 days
Immediate		How long	

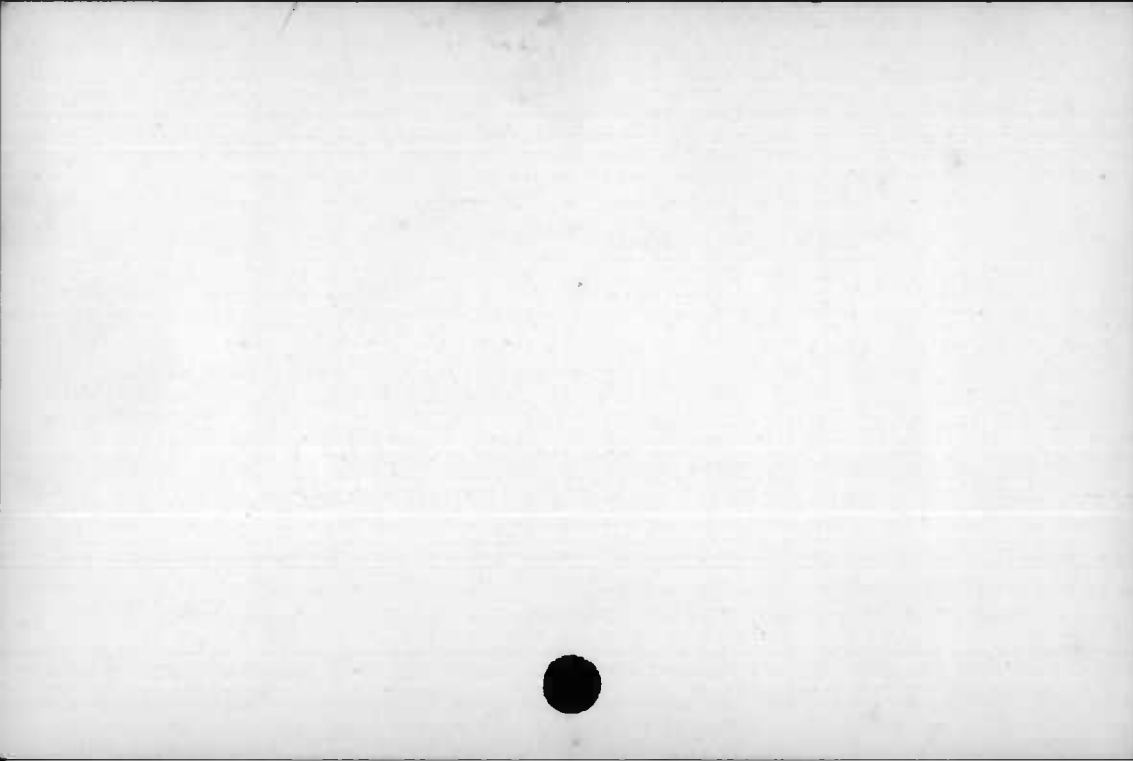
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

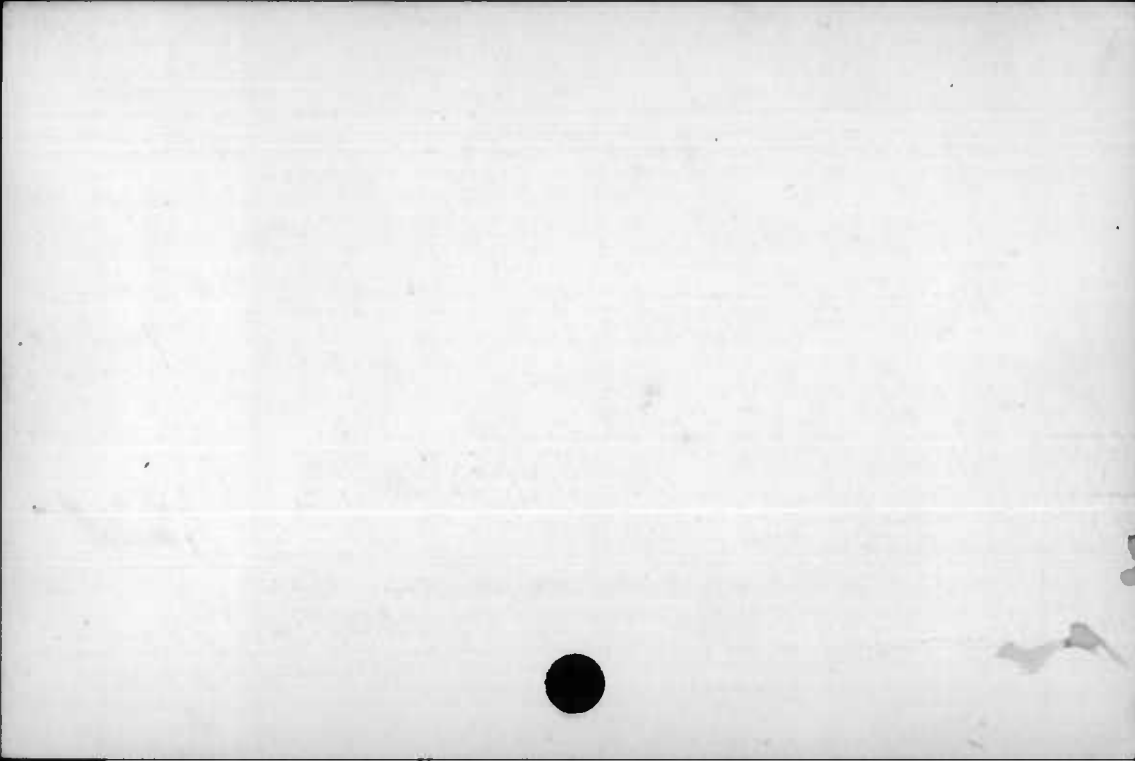
Address

W. F. Hall
Dorfield Md

Accident or Suicide?



Name in Full		Sterling County				CERTIFICATE OF DEATH	
Died at		Cusfield		Maryland			
Date of death		1908	Feb	9	Age	Years	Months
Sex		Female		Color or Race		Black	
Occupation				Where Residing if not at place of death		Cusfield	
Married, Single or Widowed		-		Name of Wife or Husband			
Father's Name		Edward Sterling		Father's Birthplace		Barnesville	
Mother's Maiden Name		Rebecca Sterling		Mother's Birthplace		Barnesville Co	
Name of person giving information		Rebecca Sterling		How related to deceased		Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">93</div>							
Primary		Bronchitis		How long		3 days	
Immediate		Pneumonia		How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		L. B. Collins Cusfield	
Accident or Suicide?							



Name
In
Full

Charlotte Fay Cor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

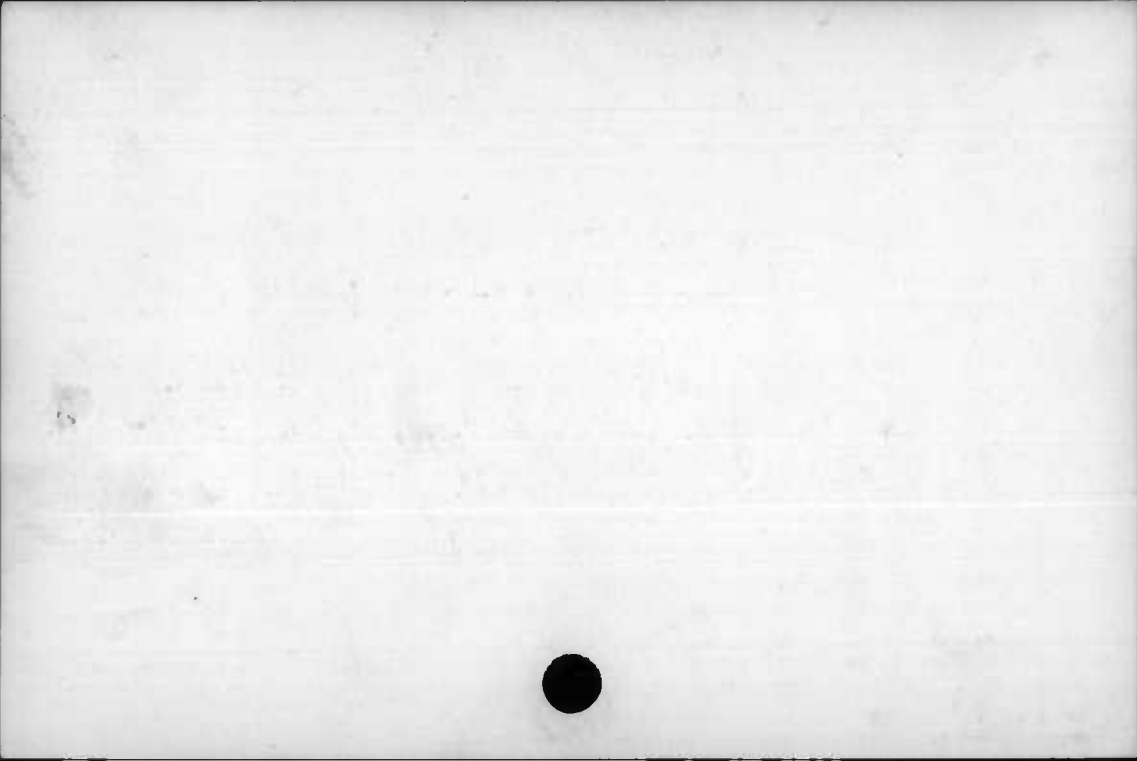
Died at <u>Dublin</u> ^{Town}			<u>Somerset</u> ^{County}			MARYLAND	
Date of death <u>1908</u>	<u>36</u> ^{Month}	<u>2</u> ^{Day}	Age <u>75</u> ^{Years}	<u></u> ^{Months}		<u></u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co.</u>				
Occupation <u>Domestic</u>			Where Residing if not at place of death <u>Dublin</u>				
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>George Taylor</u>					
Father's Name <u>Wm. Brookings Ward</u>			Father's Birthplace <u>Somerset Co.</u>				
Mother's Maiden Name <u>Charity Ward</u>			Mother's Birthplace <u>Id.</u>				
Name of person giving information <u>Cora Coffman</u>			How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Valvular Heart</u>	How long <u>several years</u> <u>at least</u>
Immediate <u>Asthma + Exhaustion</u>	How long <u>a month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel S. Quinn</u>
	Address <u>Providence City, Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Esther Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i> ^{Town} <i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year} <i>Feb</i> ^{Month} <i>2nd</i> ^{Day}	Age <i>76</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Somerset-Geo</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Thomas</i>		
Father's Name <i>Wm Holland</i>	Father's Birthplace <i>Somerset</i>		
Mother's Maiden Name <i>Nellie Holland</i>	Mother's Birthplace <i>Somerset</i>		
Name of person giving information <i>Robert Thomas</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>3 or 4 years</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount Md</i>
Accident or Suicide? <i>—</i>	



L. W. Landon

Londonville

MD

Name
in
Full

Joseph H. Warwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb.	19		57	11	
Sex		Color or Race		Birth-place			
Male		White		Som. Co.			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
William Warwick		do not know					
Mother's Maiden Name		Mother's Birthplace					
Mary Warwick		do not know					
Name of person giving information		How related to deceased					
Wm. Warwick		Brother					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Asthma	How long	3 or 4 yrs
Immediate	Diarrhoea	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. W. Gill	
		Address	
		Manakin	
Accident or Suicide?		Mod.	



Mr. Thos. Wesley Landen
Landenville

Mod.

Name
in
Full

Marey E Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Deal Island

County

Date of death 1908 Feb 2

Day

Age 3

Years

Months 3

Days

Sex Female

Color or
Race WhiteBirth-
place

Occupation

Where Residing if not
at place of death Deal IslandMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

92

Primary

Broncho-Pneumonia (Tuberc.)

How long

3 days

Immediate

Dyspnoea

How long

1 day

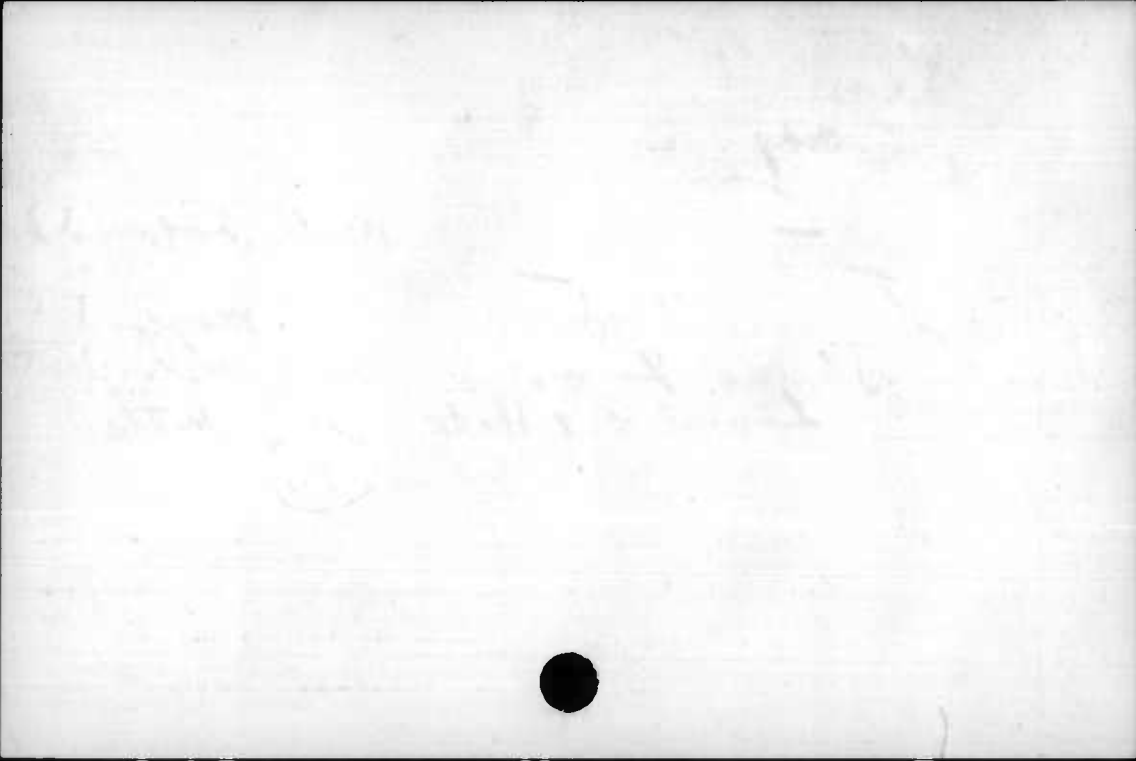
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Filled by undertaker.

W. G. Alexander
Somerset Co.

Accident or Suicide?



Name
in
Full

Roger Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>56</i>	Years	Months <i>4</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset County</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Princess Anne</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Helena L. Woolford</i>						
Father's Name <i>Lewis Woolford</i>			Father's Birthplace <i>Somerset County</i>				
Mother's Maiden Name <i>Annie E Wallis</i>			Mother's Birthplace <i>Somerset County</i>				
Name of person giving Information <i>Helena L. Woolford</i>			How related to deceased <i>wife</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Unknown</i>
Immediate <i>Nephritis</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. W. Lounsbury</i>
	Address <i>Princess Anne</i>
	<i>(over)</i>
<i>Accident or Suicide</i>	<i>Not</i>

This certificate was received from
Dr. J. Jacob Smith, on Feb. 15, 1909. Dr.
Smith stated in a letter that this cer-
tificate had been held all this time by
the undertaker, E. O. Watson, Princess Anne.

Illegal interment.